

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for Chronic Pain Management.
- b. The request was received on April 16, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Additional information was submitted by the requestor on June 6, 2002. The signature memo was not returned. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated April 16, 2002 that..."We are aware that the services (97799-CP) rendered to [injured worker] has no MAR set by TWCC, but do reimburse by DOP. We feel that payment of less than 45% from the insurance carrier is not fair & reasonable as they stated on the EOB regarding the explanation of their reduction. We ask that Monarch Pain Care Center be reimbursed at a fair & reasonable rate for services that were provided..."
2. Respondent: Position statement was not submitted with initial response.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on April 16, 2001 and extending through April 27, 2001. Dates of service March 19, 2001 through April 11, 2001 are not within the 365-day filing deadline; therefore, these dates of service are outside the jurisdiction of Medical Dispute Resolution.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/16/01	97799-CP	\$1,251.00	\$552.00	F	DOP	Rule 133.1(8)	Clinical notes support services were rendered as billed; however, requestor has not submitted redacted EOBs to support the billed services are the usual and customary amount they receive. Therefore, reimbursement is not recommended.
04/17/01	97799-CP	\$1,251.00	\$552.00	F	Requestor billed \$208.50 per hour and billed 6 hours per session.	Rule 413.011(d)	
04/18/01	97799-CP	\$1,251.00	\$552.00	F			
04/19/01	97799-CP	\$1,251.00	\$552.00	F			
04/20/01	97799-CP	\$1,251.00	\$552.00	F			
04/23/01	97799-CP	\$1,251.00	\$552.00	F			
04/24/01	97799-CP	\$1,251.00	\$552.00	F			
04/25/01	97799-CP	\$1,251.00	\$552.00	F			
04/26/01	97799-CP	\$1,251.00	\$552.00	F			
04/27/01	97799-CP	\$1,251.00	\$552.00	F			
			Respondent paid \$92.00 per hour.				
Totals		\$12,510.00	\$5,520.00				The Requestor is not entitled to reimbursement.

MDR: M4-02-3290-01

The above Findings and Decision are hereby issued this 16th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf